

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3						
4						
5		/				
6	/					
7		/				
8						
9	/					
10		/				
11						
12	/					
13		/				
14						
15	/					
16		/				
17						
18		(1)				
19		(2)				
20	/					
21		/				
22		/				
23	/					
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46	/		/			
47		/		/		
48			/			
49			/			
50			/			
TOTAL IND.	14					
TOTAL DEP.	33					
TOTAL CLAIMS	47					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52						
53						
54						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS